

TB Screening Questionnaire (Form on Page 2)

Purpose:

Screening all individuals for symptoms before they enter a group environment is an important first step in preventing TB transmission to others.

How to use this form:

All clients, new staff members and volunteers should be asked the questions on this form before, or when they enter the program. The form has instructions that explain what action is needed after each section. It is important that these directions be followed, and that this form be included in the person's records.

If the person has documentation of a previous TB Mantoux skin test (TST) and chest x-ray (CXR) within the specified time period, this information should be added to the questionnaire, and a copy of the records should be included in the client or staff person's records.

TB Screening Questionnaire

CLIENT: _____ DOB: _____ ID No: _____
Last First

Have you been coughing for more than 3 weeks?	YES	NO
Have you recently coughed up blood or sputum (in the last 3 months)?	YES	NO
Have you had recent, unintentional and continuous weight loss of 5 pounds or more?	YES	NO
Have you had a recurrent fever of more than 100° F in the last month?	YES	NO
Have you had unusual sweating, especially at night?	YES	NO
Have you had ongoing, unexplained fatigue or weakness?	YES	NO

SYMPTOMS

- If answered “YES” to “coughing more than 3 weeks” AND one or more of the TB symptoms, *please refer client to the TB Liaison.*

TB SKIN TEST HISTORY

Have you ever had a TB skin test (TST)?	YES	NO	Unknown
What was the result?	Positive	Negative	Unknown
Do you have written proof of your TST?	YES	NO	

PREVIOUS TST DOCUMENTATION: *Record Mantoux TST date and mm size:*

Copy TST document for program and client records.



TST DATE

MM

SUMMARY (Check all that apply):

_____ TST NOT KNOWN / NO PREVIOUS TST DONE: *Refer for TST w/in 7 days of admission.*

_____ TST NEGATIVE (no documentation available): *Refer for TST w/in 7 days of admission.*

_____ TST NEGATIVE (documented as done within the last 3 months): *No TST needed now. Repeat TST yearly.*

_____ TST POSITIVE HISTORY (no documentation): *Refer for TST w/in 7 days of admission.*

_____ TST POSITIVE HISTORY (documented; date and size recorded above):

Chest x-ray needed w/in 7 days of admission UNLESS client presents documentation of a normal x-ray done within the last 3 months. Copy x-ray report for clinic records and record date here.

_____ TB SYMPTOMS (cough with one or more TB symptoms): *Contact TB Control: 619-692-8610*

Chest X-ray Date:

Staff member completing this form: _____ Date: _____